



*State of Louisiana*  
DIVISION OF ADMINISTRATION

OFFICE OF STATE UNIFORM PAYROLL

M. J. "MIKE" FOSTER, JR.  
GOVERNOR

MARK C. DRENNEN  
COMMISSIONER OF ADMINISTRATION

June 5, 2003

OFFICE OF STATE UNIFORM PAYROLL MEMORANDUM #2003-67

TO: All ISIS HR Paid Agencies

FROM: Jena W. Cary  
Director

SUBJECT: Policy on Credit Union Deductions

Effective July 1, 2004, the Office of State Uniform Payroll (OSUP) is changing the policy on credit unions to require that payments to credit unions be processed through direct deposit by Electronic Funds Transfer (EFT). Credit unions have been informed about this upcoming change.

ISIS HR Paid agencies are advised that all employees with a credit union deduction must complete a Direct Deposit Enrollment Authorization - Main Bank Form (OSUP/F12A) and/or a Direct Deposit Enrollment Authorization - Other Bank Form (OSUP/F12B) in order to continue having a portion of their payroll sent to a credit union account. **It is the agency's responsibility to assure that all employees' records are changed appropriately.** All credit union deductions (Info Type 14) will be delimited automatically as of June 20, 2004.

**NOTE:** All employees paid on the ISIS HR Payroll system are allowed to have 1 main bank detail and 3 other bank details.

Agencies must run the Recurring/Additional Payments/Deds Detail Report (ZP74) for a list of employees with recurring credit union deductions. This report must be run for the following wage types: 5221-5235, 5237-5240, 5421-5435, 5437-5440. This report will identify which employees must complete the appropriate Direct Deposit form to change his or her deduction to a bank transfer if they want to continue having a portion of their payroll sent to a credit union account. The Direct Deposit Enrollment Authorization forms are attached for your use.

If you have any questions or concerns about this change, please contact Angela Woods at (225) 342-5345.

Attachments: Direct Deposit Enrollment Authorization - Main Bank (OSUP/F12A)  
Direct Deposit Enrollment Authorization - Other Bank (OSUP/F12B)

JWC:PFJ/kmb

**STATE OF LOUISIANA  
ISIS HUMAN RESOURCE SYSTEM  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION  
MAIN BANK (PRIMARY ACCOUNT)**



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
<b>ACTION TYPE ( one )</b> <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> TERMINATE THIS OPTION	

**PRIMARY ACCOUNT INFORMATION  
(Main Bank)**

**DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO NET PAY LESS ANY DEPOSITS TO SECONDARY ACCOUNTS.**

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE ( one ) <i>(Bank Control Key)</i>  <input type="checkbox"/> <b>*CHECKING</b> (provide voided check or account verification )  <input type="checkbox"/> <b>*SAVINGS</b> (obtain account # & ABA # from financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone number: _____

**(Print full name)**

I, \_\_\_\_\_, authorize and request the State of Louisiana to direct my net pay check to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12A) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my accounts through Employee Self Service (when available).

_____ Signature	_____ Date	_____ Phone where you can be reached between 8:00 and 4:30
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**\*Agency requirements may vary. Contact your Employee Administration office if you have any questions.**

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

MAIN BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ **CHECK HERE IF SECONDARY ACCOUNT FORMS ARE ATTACHED**

**STATE OF LOUISIANA  
ISIS HUMAN RESOURCE SYSTEM  
DIRECT DEPOSIT ENROLLMENT AUTHORIZATION  
OTHER BANK (SECONDARY ACCOUNT)**



EMPLOYEE SSN	DEPARTMENT/OFFICE OR AGENCY
<div style="display: flex; justify-content: space-between;"><div>ACTION TYPE ( one) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE</div><div><input type="checkbox"/> TERMINATE THIS OPTION <input type="checkbox"/> ADD ADDITIONAL SECONDARY ACCOUNT</div></div>	

**SECONDARY ACCOUNT INFORMATION**  
**(Other Bank)**  
DEPOSIT AMOUNT TO THIS ACCOUNT WILL BE EQUAL TO  
THE DOLLAR AMOUNT SPECIFIED BELOW OR THE PERCENTAGE OF NET PAY SPECIFIED BELOW.

FINANCIAL INSTITUTION NAME	FINANCIAL INSTITUTION ROUTING (ABA) NUMBER <i>(Bank Key)</i>
BANK ACCOUNT NUMBER	ACCOUNT NAME (Ex: Mr. and Mrs. John Doe, John or Jane Doe, John Doe)
ACCOUNT TYPE ( one) <i>(Bank Control Key)</i>  <input type="checkbox"/> *CHECKING (provide voided check or account verification )  <input type="checkbox"/> *SAVINGS (obtain account # & ABA # from financial institution)	*Account verification or completion of enrollment form by financial institution will assure the accuracy of account data:  Signature from institution: _____  Phone Number: _____
<div style="display: flex; justify-content: space-between;"><div>PERCENT OF NET TO THIS ACCOUNT _____</div><div>OR</div><div>FIXED DOLLAR AMOUNT TO THIS ACCOUNT _____</div></div>	

(Print full name)

I, \_\_\_\_\_, authorize and request the State of Louisiana to direct the percent of my net pay check or the dollar amount specified to the account at the financial institution I designated above.

For any funds paid to me which are not due and owing to me, I hereby agree and authorize my appointing authority (employer) to adjust the amount next due to me to correct the overpayment, or to recover amount overpaid by reducing my future payroll checks so that the overpayment will be repaid or recouped within a reasonable number of months [not to exceed 12 months].

It is my responsibility to notify my Employee Administration Office, as appropriate, should any changes occur to account specified. Considering all above conditions are met, this authorization remains in full effect until a written, signed notification to terminate, or another signed form (OSUP/F12B) indicating termination of this option is received from me and the State of Louisiana has had reasonable opportunity to act on the termination. However, I understand and acknowledge that I am responsible for any account information that I add or any changes that I make to my accounts through Employee Self Service (when available).

_____ Signature	_____ Date	_____ Phone where you can be reached between 8:00 and 4:30
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**\*Agency requirements may vary. Contact your Employee Administration office if you have any questions.**

TO BE COMPLETED BY EMPLOYEE ADMINISTRATION OFFICE:

OTHER BANK	FINANCIAL INSTITUTION ROUTING (ABA) NO. (If not provided above)	
PERSONNEL AREA NUMBER	PERSONNEL NUMBER	EFT VALIDITY DATE

☐ **CHECK HERE IF ADDITIONAL ACCOUNT FORMS ARE ATTACHED**